				DEDARTMENT OF DU	DI IO MENTEN AND GOODS				
	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH								
	T() 97)	CHILD CARE FACILITY							
	3/	INSPECTION REPORT							
REASON			GRADE Inspection Date: ESTABLISHMENT NAME:						
Regular			GI I/IDE	7/31/19		/ AMIZ	AND CHATTEN		
Follow-Up			10	Time In/Out:	Out: OWNER/OPERATOR: W 11:15 am LOCATION: 214 VSENESONG Establishment Type:				
Complaint				10148 11116					
Investigation			RATING	to som to wan	LOCATION: 214 YSENUSONG Establishment Type:				
Other:			A	Sanitary Permit No.:	POAD DEDEON UV	cu	INURS	"ERY	
			M	20000-14000174	PERMIT STATUS: Valid	Te	mporary _	Expired	
No. of Chile	dren:	19	Male 12						
No. of Children: Male 12 Female 3 Total Child Care License: No.: Kh220 / Valid / / Provisional / / Exp The following items identify violations found this day in the operations and facilities which must be corrected by the ne									
inspection	ors	ooner	as the Dep	artment indicates. Nor	n-compliance may result in downgradi	na or per	mit suspens	sion. To appea	
a written request for hearing must be submitted before the indicated correction							date.		
ITEM*					ARKS		DEMERIT	CORRECT B'	
_	A	RIE	GULAR	WSPECTION W	AS CONDUCTED PREVIOUS	5			
	10/4	PEC	TION	CONDUCTED U	N 6/3/19 (9/A)				
	1103	7 10 0	(10)-	Corrigionizi)	10 6/5/14 (4/A)				
	THU	£ 10	ULLUWIN	IL WAS OWER	eved:		'		
	1/2	, V	20121000	4					
					S HAVE BEEN CORN	rourn			
	MO	1	EW V	LOLATIUMS	· · · · · · · · · · · · · · · · · · ·				
					_				
	' A'	0	Acmi) No. 02406	1.00007.2.0				
				1-0.02106	UPONULD			<u> </u>	
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	BRIBEIED PIL ON ABONIE								
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					on(s) and I am aware of the correct	tive me	asures to b	oe taken.	
*Note:	Who	en an	y of the fo	llowing items are	Received By (Name & Title):	Dues		_	
cited a			-	corrected within	GIORIA BAGUINA		LB-		
10 days of this inspection: (2) (4) (6) (14) (21) (23) (24) (27) (28) (20) 8 (40)									
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). J. CRVZ EPHO(

Rev: 08/2/05 DEH-06